

Bupa Care Homes (ANS) Limited

Haven Care Home

Inspection report

29 Telscombe Cliffs Way
Peacehaven
East Sussex
BN10 7DX

Tel: 01273587183

Date of inspection visit:
18 October 2016
19 October 2016

Date of publication:
17 November 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was unannounced and took place on the 18 and 19 October 2016.

Haven Care Home provides nursing care for up to 40 people, some of whom maybe living with dementia.

At the time of our inspection 34 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe. Staff had been provided with training to enable them to recognise signs and symptoms of abuse and knew how to report any concerns. People had risk assessments in place to enable them to maintain their independence and minimise any unnecessary restrictions on their liberty.

Adequate staff with the appropriate skill mix were available to support people with their needs. Effective recruitment procedures were in place to ensure suitable staff were employed to work with people using the service.

Systems were in place to ensure that medicines were managed safely. This ensured that people received their medicines at the prescribed times.

Staff received appropriate training, supervision and support to enable them to carry out their roles and responsibilities effectively. People's consent to care and treatment was sought in line with the principles of the Mental Capacity Act (MCA) 2005 legislation.

People were able to make choices about the food and drink they had and to maintain a healthy and balanced diet. If required, staff supported people to access a variety of health professionals including the dentist, optician, chiropodist, dietician and the speech and language therapist.

People and their relatives commented positively about the standard of the care provided. Staff provided care and support in a meaningful manner; and knew about people's preferences and personal histories.

People's views were listened to and they were actively encouraged to be involved in their care and support. Staff ensured that people's privacy and dignity was upheld. Any information about people was respected and treated confidentially.

People's needs were assessed before coming to live at the service and the care plans reflected how their needs were to be met. There was a complaints procedure to enable people to raise complaints.

There was a culture of openness, transparency and inclusion at the service amongst staff and people using the service. A variety of audits were carried out, which were used to drive continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Systems were in place to ensure that people were protected from avoidable harm and abuse.

Risk management plans were in place to protect and promote people's safety.

There was a robust recruitment process in place to ensure that safe recruitment practices were being followed.

Systems were in place to ensure that people's medicines were managed safely.

Is the service effective?

Good ●

The serviced was effective

Staff had undertaken a variety of training to keep their skills up to date and had been provided with regular supervision.

People's consent to care and treatment was sought.

People could make choices about their food and drink and staff provided support when required.

People had access to health care professionals if required, to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion by staff.

Arrangements were in place for people to express their views.

People had the privacy they needed and were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive

People received care that met their assessed needs.

People were at the centre of the care provided.

There was a complaints procedure in place to enable people and their relatives to raise concerns.

Is the service well-led?

Good ●

The service was well-led

There was a positive, inclusive and open culture at the service.

People had links with the local community.

Effective quality monitoring systems were in place.

Haven Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the care Act 2014.

We carried out an unannounced comprehensive inspection at Haven Care Home on 18 and 19 October 2016.

The inspection was carried out by two inspectors.

Before the inspection we checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We spoke with 15 people who used the service and four relatives who were visiting the service on the day of the inspection. In addition we spoke with three care workers, one senior care worker, three domestics, the chef and the maintenance person. We also spoke with the activity person, two nurses, one senior sister, the deputy manager, the operations manager and the registered manager.

We reviewed the care records of six people who used the service to ensure they were reflective of people's current needs. We examined five staff files and other records relating to the management of the service including medication administration record sheets, staff rotas, training records and quality auditing records.

Is the service safe?

Our findings

People using the service were protected from abuse and avoidable harm. People told us they felt safe at the service. One person said, "I am safer here than I was at home. There are people here to take care of me." A second person told us, "This is a very safe place to live. I have a buzzer that I can use if I need some help." Relatives we spoke with also told us they felt their family members were safe with staff. One relative told us, "I know [name of relative] is safe. She doesn't have the same dangers here that she had at home. She is much safer."

Staff told us they had been provided with safeguarding training. They were able to explain how they would recognise and report abuse. One staff member explained, "I would always look for changes in how people are behaving. This can often be a sign that something is wrong." A second staff member commented, "I know about the different types of abuse and would definitely report anyone I thought was behaving in a way they shouldn't be." The registered manager told us that safeguarding was regularly discussed with staff during supervision and staff meetings. This demonstrated that systems were in place to make staff aware of how to report safeguarding incidents in a consistent manner.

We observed information on how to report safeguarding alerts and whistleblowing concerns was displayed in the nurses' station; and was accessible to all staff. We saw evidence that the provider had submitted safeguarding alerts to the local safeguarding team to be investigated. The outcome from investigations was discussed with staff as lessons learnt and to minimise the risk of occurrence. We saw training certificates, which confirmed that staff had undertaken safeguarding training.

Risk management plans were in place to promote people's safety and to maintain their independence. One relative told us, "I know my [name of relative] has a lot of problems and I am aware of the risk assessments in place to keep her safe."

Staff told us how risks to people were assessed to promote their safety and to protect them from harm. They described the processes used to manage identifiable risks to individuals such as, malnutrition, moving and handling, falls and skin integrity. One staff member told us, "[Name of person] is at risk of falling. We have a risk assessment in place, which includes guidance for staff to promote their safety."

We saw that people had individual risk assessments in place with information relating to the level of risk to them. The assessments were clear and had been reviewed on a monthly basis or as and when their needs changed. We observed that people were assisted by two staff members when using the hoist. Within the care plans we look at, we saw that people's skin integrity was monitored regularly to minimise the risk of pressure ulcers. Accidents and incidents were recorded and monitored. Records seen had been completed appropriately, in line with the provider's policies. The registered manager reviewed all accidents and incidents on a monthly basis. This was to ensure they had been reported and managed appropriately.

There was a system in place to ensure that the premises and equipment used at the service was appropriately maintained. For example, we saw records which demonstrated that water temperatures, gas

and electrical appliances were regularly checked to ensure that they were fit for purpose.

There were plans in place for responding to emergencies. The service had an emergency fire evacuation plan in place. We saw each person had a personal emergency evacuation plan (PEEP). The plans outlined people's support needs should there be a need for them to be evacuated from the premises in an emergency. People were given a red, amber or green (RAG) rating. We saw evidence that staff had been provided with fire awareness training; and had participated in regular fire drills. Staff had access to the telephone numbers of the utility providers for the gas, electricity and water should there be an emergency. In addition there was also a document that was called a business continuity plan. It contained information on what action staff needed to take should there be a major incident at the service. We saw evidence that there was always a senior manager on call from the organisation to provide advice and support to staff in the event of an emergency.

We received mixed views about the numbers of staffing and whether there were sufficient to keep people safe and meet their needs. One person told us, "The staff are always rushing around." A second person commented, "I don't have to wait long until someone comes to me. If they are busy they will pop in and let me know how long they will be." One relative told us, "The staff are always busy. Sometimes when I visit staff are not visible." A second relative commented, "I think staffing is adequate. There is always someone around."

Staff confirmed that the staffing numbers were adequate at the time of the inspection but felt that if more people were admitted to the service they would feel under pressure. One staff member told us, "It's just about okay at the moment. I think we have enough staff." A second staff member said, "Staffing has not been sufficient in the past; however, new staff have been recruited and it's okay. If we have any more admissions to the home, especially if they have high needs we will need more staff."

The registered manager told us that there were sufficient numbers of suitable staff employed to keep people safe and to meet their needs. She said, "We use a dependency assessment tool to assess people's needs and this gives us an indication as to the staffing numbers that are needed. When I assess new residents their dependency needs are taken into consideration." We saw that the staffing numbers consisted of two nurses and seven care workers. The number was reduced in the afternoon to one nurse, four care workers and a senior carer. It was reduced at night to one nurse, three carers and one senior carer. We checked the rota for the current and following three weeks and found that it reflected the numbers stated by the registered manager. Our observations demonstrated that staff responded to people's call bells in a timely manner.

There were arrangements in place to ensure safe recruitment practices were followed. The registered manager told us that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. We looked at a sample of staff records and found that the required documentation was in place.

People told us that they received their medicines at the prescribed times. One person told us, "They [staff] always pop in with my medicines. I can take them myself when they give them to me." A relative said, "I don't have any concerns about [name of relative] medicines. I know she gets her tablets as she should."

Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One staff member said, "We are due to update our training again. The training is very thorough." We saw written evidence to confirm this.

We found that medication administration record (MAR) sheets were fully completed and medicines were

stored appropriately. Daily temperature checks of the refrigerator and the room where medicines were stored were undertaken. This was to ensure medicines were stored in the right conditions.

We checked a sample of the controlled medicines and found that the balance in stock corresponded with the record. (Some prescription medicines are controlled under the misuse of drugs legislation and are called controlled drugs). People had protocols in place for PRN medicines such as, pain killers and sedatives. (PRN means take as needed). We observed the lunch-time medicine round and found that medicines were administered in line with best practice guidelines.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. People told us that staff were sufficiently skilled and competent to meet their assessed needs. One person said, "The staff are very good and they know what to do." Another person told us, "The carers seem to be well trained. We have nurses here and they are well trained." A relative commented, "The staff are very professional and obviously have had a lot of training."

Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were assessed as competent to work unsupervised. One staff member said, "I had a good induction. We had a week of face to face training at the head office and the rest of our induction we shadowed an experienced staff member." Another staff member commented, "We get all the training we need and if we need more we can always request it. I would say that training here is brilliant."

We saw the induction training covered essential subjects such as, safeguarding, dementia awareness, moving and handling, health and safety, food hygiene, first aid and fire awareness. Staff were also provided with regular training updates and were expected to complete the Care Certificate during their probationary period. (The Care Certificate is the new minimum standards that should be covered as part of the induction training for new care workers).

The service had a supervision and appraisal system in place. Staff told us they received regular supervision, spot checks and an annual appraisal of their performance. One staff member commented, "We get regular supervisions. The support for staff here is very good. The manager has an open door policy so we can always discuss things any time." Within the staff files that we looked at there was evidence to confirm that staff were provided with quarterly supervision and an annual appraisal. This demonstrated that staff were provided with support to develop and review their practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw evidence within people's care plans that mental capacity assessments had been carried out along with best interests meetings when required. Twelve people who were using the service had been subject to a DoLS authorisation. We saw records that staff had undertaken training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and found that they had a good understanding of the act and people's capacity to consent.

People's consent was gained before assisting them with care and support. One person told us, "The carers are very polite and always ask me what I want and how I want it." Staff told us they always asked people for their consent before assisting them with care and support. One staff member said, "I always ask people what they would like and ask them if it's okay to go ahead." Another staff member said, "We are very good at making sure people are in agreement with their care and gaining their consent before we carry out the care." Within the care plans we looked at we saw that written agreement had been obtained from people or family members to be supported.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. They told us that staff supported them with their meals if required. One person said, "The food is lovely. I couldn't fault it." Another person told us, "I love the food it's just like home cooking. I get plenty of food and there are always snacks and drinks." A relative who visited the service daily to support their family member with their lunchtime meals commented, "They go out of their way to make sure people get the food they want."

Staff told us they supported some people with their meals. One staff member said, "Some people need a lot of support and we make sure meal times are enjoyable for them." We spoke with one of the chefs who demonstrated a good understanding of people's dietary needs and food preferences.

We observed people's care records contained details of their dietary likes and dislikes. If people had difficulty with food and fluid intake they were closely monitored. If needed people had access to the Speech and Language Therapist (SALT) and the dietician via the GP. Within the care plans we examined we saw that there was information on people's dietary needs, which included food allergies. This demonstrated that staff were fully aware of people's food preferences and any allergies that they may have. Records demonstrated that people were weighed as needed and nutritional screening was reviewed monthly or when changes occurred.

People had access to the GP and health care facilities. One person said, "I see the doctor when I need to." A relative told us, "I know if [name of relative] needs to see the doctor or anyone else the home will arrange it and let me know if I need to help. I don't have to worry." People and their relatives told us that their health care appointments were co-ordinated by the staff; and either their family member or staff would accompany them to attend health care appointments when needed. Records seen demonstrated that people's healthcare needs were regularly reviewed.

Is the service caring?

Our findings

People told us they were treated with kindness and compassion in their day-to-day care. One person said, "The staff are very kind. They always ask if there is anything they can do for me." Another person told us, "We are very lucky here. The staff are wonderful." A relative commented, "I am very impressed by the staff. They are kind and patient. They show so much compassion towards [name of relative]."

People told us that the staff knew them well and the relationship between them and the staff was positive and caring. One person said, "I have only been here for a short time but the staff have been absolutely marvellous. I was very scared and anxious before I moved here. The staff have taken their time to get to know me and help me settle in."

Staff told us they knew people really well. They felt this was because there was consistency in the staff team. They told us they were able to spend time getting to know people's likes, dislikes and personal histories. One staff member commented, "We don't use agency staff and a lot of us have been here for a long time. This means we get to know people well and know what they like and don't like." Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported.

We observed good interactions between people and staff who consistently took care to ask permission before assisting them. There was a high level of engagement between people and staff. This resulted in people feeling empowered to express their views. It was evident that staff had the skills and experience to manage situations as they arose and provided care to a high standard. For example, we saw that one person using the service became distressed at lunch time. The staff member approached the person, kneeled down beside them and spoke with them calmly until they had resolved the issue. This was carried out with sensitivity and patience and resulted in the person becoming calm and happy. It showed that staff supported people to communicate their needs and respected their wishes.

People were supported to make choices on aspects of their daily routine. This included their daytime activities and food preferences. One person told us, "They always ask me what I would like to eat." Staff told us and we observed that they consulted people about their daily routines and activities. Care was focussed on each person's wishes and needs rather than being task orientated and routine led. This showed people were at the centre of the care provided. Records seen confirmed that people and their relatives were involved in the care planning process to ensure that the care provided met their individual needs.

We saw evidence within the care plans we examined that people's changing needs and wishes were closely monitored on a regular basis. Any changes that were needed were carried out in a timely manner. People had a consistent staff team who cared for them. This ensured that an established relationship of trust had been developed.

The registered manager told us that at the time of our inspection there was no one using the services of an advocate. She said people were provided with information on how to access the services of an advocate and

staff would support them in doing so if one was required. We found that some family members advocated on people's behalf when required.

People told us that staff were always respectful towards them and promoted their privacy and dignity. One person told us "They do well at managing my privacy and dignity. They show courtesy and respect for me." Another person commented, "They always knock on my door and treat me as an individual." One relative said, "I visit every day and without a doubt they treat both me and [name of relative] with respect." Throughout the inspection we observed staff assisting people with personal care, which was carried out in a discreet manner.

Staff told us that people's privacy and dignity was promoted and they were able to demonstrate how they supported people to uphold their dignity. One staff member said, "I always treat people how I would want my grandma to be treated if she was in a care home." Another staff member said, "These are people and deserve our respect." Staff told us that people received personal care in private; and chose what clothes they wished to wear and how they preferred to be addressed.

We observed staff treating people with respect and maintaining their privacy. For example, we saw that staff knocked on people's doors before entering; interactions between people and staff were respectful. We saw that staff asked people for their consent before they undertook any tasks and made sure they used people's preferred term of address."

People felt assured that information about them was treated confidentially and respected by staff. One relative told us, "The staff don't gossip and I have never heard them talk about anyone else." Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "Sometimes confidentiality is discussed at supervision and staff meetings." We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to maintain confidentiality.

Is the service responsive?

Our findings

People told us that they received care that met their needs. They said that the staff were 'excellent', 'reliable', and 'compassionate'. One person told us, "The carers know me very well. They know how I like things to be done and also what I don't like." Another person said, "I have my own routine and the staff know about it." A relative commented, "The staff are very good at making sure [name of relative] has everything she needs." People told us that staff included them in the decisions about their care and were always asking if they wanted anything done differently or if their care could be improved in any way. Relatives we spoke with made similar comments. One relative said, "It's all the little things that make the difference."

Before people moved to the service they and their families participated in an assessment to ensure their needs would be met. Information from the assessment was used to inform the care plan to maintain their independence. One staff member told us, "We try to get as much information as we can. The more we know the better for everyone."

Care plans seen contained information on how people's physical, social and emotional needs were to be met. One staff member told us, "I find the care plans are very useful. If I am not sure how to care for an individual I refer to their care plan." We saw evidence that staff maintained daily records about people's care needs, including how they were in mood. The support provided was responsive to people's changing needs and staff were able to adjust the care provided depending on what type of day people were experiencing. For example, people's wishes were respected and their care routines were flexible.

We found that the care plan template provided a framework for staff to develop care in a personalised way. For example, the plans seen had been tailored to people's individual needs. They had been reviewed on a regular basis to make sure they remained up to date. Where changes were identified, the information had been disseminated to the relevant staff, who responded quickly to ensure the care plan was amended.

The management of risks to people's health such as malnutrition, falls or wound care were well documented and regularly reviewed. For example, one person was experiencing mental health difficulties; and there was clear guidance for staff about how to recognise possible triggers, the preventative measures they should take to reduce the person's anxiety and the necessary interventions if this escalated.

People and their relatives told us that communication within the service was very good. One relative said, "If something happens to [name of relative] the home will always call me." Another relative said, "Communication here is very good. I always know what's going on."

People told us that they were able to participate in activities if they wished. One person commented, "I like to stay in my room and listen to the radio. I could join in activities if I want to." Another person told us that they had enjoyed a recent entertainment by an entertainer who visited the service. One relative commented, "It's a very difficult job trying to get everyone interested, but I think they manage it very well. It takes a lot of one to one time."

Staff and the registered manager told us that they encouraged people to participate in activities they enjoyed. We found that staff were aware of how to meet people's diverse social needs. Information relating to people's activity preferences was obtained when they started using the service. We saw people's activity preferences were detailed within their care plans; and staff encouraged them to participate in activities they enjoyed to prevent social isolation.

The service had two activity co-ordinators who provided in house activities. In addition we saw that the service regularly had outside entertainers performing. We saw that activities such as hairdressing and church services took place on a regular basis. For those people living with dementia, sensory based activities were provided. This enabled people to feel relaxed and calm. We observed some people were involved in a tactile activity using dough to stimulate sensitivity. The activity programme was displayed around the service and included activities such as, physical movement classes, skittles, board games, reminiscence and pet therapy. In addition special occasions were celebrated such as people's birthdays, Easter, the Queen's birthday, Halloween, Easter and Christmas.

People's experiences, concerns and complaints were listened to and acted upon. One person said, "Yes I would make a complaint. That wouldn't worry me." A relative told us, "I made a complaint once and the manager was very good and addressed it. I would have no hesitation in making a complaint again as I know it would be dealt with properly."

The registered manager told us that complaints were used to improve on the quality of the care provided. We saw a copy of the service's complaints procedure was displayed on the notice board. We looked at the complaints record and found that action had been taken to investigate and respond to complaints that had been made.

The service had a compliments folder. People and their relatives had provided positive comments on the quality of the care provided. These included the following: "We thank you for the kindness respect and courtesy you showed to [name of family member] during her time with you. We are sad that she did not have longer to appreciate what wonderful staff you have, the amazing food served; the team, gardens and how lovely her room was; and the air of efficiency and tenderness that was all around." "I really wanted to comment on the care [name of family member] received by the nursing and care staff during her stay with you. I have worked in health care for over 30 years. Your staff took nursing to the next level. A level I have never witnessed before. [Name of staff member] who I have known for at least 30 years simply was wonderfully brilliant. Her dedication to her role is beyond reproach." This demonstrated that relatives had confidence in the quality of care provided to their loved ones.

People and their relatives told us they were regularly asked to provide feedback on the quality of the care provided. One relative said, "I do come to the relatives' meetings. It gives you the opportunity to have a say." We saw that work was in progress for the annual survey to be sent to people and their relatives.

Is the service well-led?

Our findings

People, relatives and staff expressed confidence in how the service was being run. One person said, "You can go to [name of registered manager] with anything." Another person told us, "Yes I know who the manager is. It's [name of registered manager]. They visit me every day." A relative told us, "[Name of registered manager] door is always open. She runs a tight ship and I have often seen her talk with staff about the right way to do something and the wrong way."

Staff told us the registered manager was an excellent role model and led by example. One staff member told us, "The manager is brilliant. She really cares. It's not just a job to her." Another member of staff said, "She has an open door policy. She is always encouraging the staff and she gets the best from them. It's a skill she has." This demonstrated that people and staff had confidence in the manager's leadership skills

Staff were also positive about the service. They felt they were well trained and supported and were committed to providing quality care to people using the service. They felt that the registered manager was supportive of them and worked with them to ensure people received the care that they needed and issues were appropriately addressed. It was evident that there was transparency between the registered manager and the staff team.

Staff were confident if they raised concerns in relation to poor practice they would be listened to. One staff member told us, "I would be more than comfortable raising any concerns. I know, through experience, that any concerns I raise would be taken seriously and dealt with quickly." Staff told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. They were confident that concerns raised would be addressed and investigated in line with the provider's procedures.

The registered manager told us that systems were in place for staff to question practice and to make suggestions. For example, staff suggested taking part in a walk to raise funds for a specific charity. We saw that there was a 'scribble' board in the staff room to enable staff to write suggestions relating to improvements on the care provision. A request had been made for more outdoor furniture, cushions and blankets to be obtained which had been acted on. We saw regular staff meetings were held and daily and weekly meetings with heads of the departments took place. This showed that open communication with staff was encouraged.

The registered manager told us that she was aware of the day-to-day culture of the service and kept it under regular review. She said, "I walk the floor daily and I know my residents and staff. People are always at the centre of the care we provide; and the staff provide a quality service." We saw evidence that staff practice was kept under review and their behaviour and attitudes were monitored to ensure that people received quality care.

We observed the service had strong links with the local community. For example, people were supported by staff to visit the local pub for meals and to go on shopping trips as part of their planned social activities. Children from the local schools visited the service at Christmas to sing carols and donated gifts to people

using the service at harvest time. The local vicar was known to people living at the service and conducted a regular church service. This showed people were seen as part of the local community.

The registered manager and provider were committed to providing all round high quality care. We saw that the service had a five star Food Standards Agency (FSA) hygiene rating. Five is the highest rating awarded by the FSA. This showed that the service demonstrated very good hygiene standards.

The registered manager told us that the service operated a resident of the day initiative. This ensured that people using the service were made to feel special. All staff working at the service had an input in ensuring that people were made to feel valued.

We found systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. We saw evidence that accidents and incidents were recorded and analysed. Any identified trends had measures put in place to minimise the risk of occurrence.

The registered manager told us that the service had systems in place to monitor the quality of the care provided. We saw regular audits were undertaken. These included medicines, infection control, health and safety, care records, accidents and incidents, night checks, pressure care and well-being. The audits were completed regularly to ensure the effectiveness and quality of the care provided.